

**EXHIBIT A-2**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

LEHMAN BROTHERS  
HOLDINGS, INC., et al.,

Debtors

Case No. 08-13555

Chapter 11

Jointly Administered

**NOTICE AND EVIDENCE OF PARTIAL TRANSFER OF  
CLAIM PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that \$360,000.00 of the claim against Lehman Brothers Special Financing Inc. set forth below (the “Transferred Claim”), of **Absalon II Limited** (“Assignor”) filed as an original or amended Proof of Claim against the Debtor(s):

Proof of Claim Amount	Proof of Claim No.
<u>\$360,000.00</u>	<u>15644</u>

has been transferred and assigned to **Citigroup Financial Products Inc.** (“Assignee”). The signature of Assignor on this document is evidence of the transfer of \$360,000.00 of the claim and all rights thereto.

Execution Copy

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Transferred Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to the Assignee.

ASSIGNEE: CITIGROUP FINANCIAL  
PRODUCTS INC.

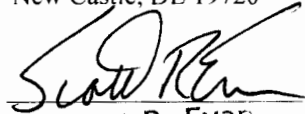
ASSIGNOR: DIGNITY HEALTH

By: GoldenTree Asset Management, LP

Address: 1615 Brett Road, Bldg 3  
New Castle, DE 19720

Address: 300 Park Avenue, 21st Floor,  
New York, NY 10022

Signature:  
Name:  
Title:  
Date:

  
**Scott R. Evar**  
Authorized Signatory

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Execution Copy

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Transferred Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to the Assignee.

ASSIGNEE: CITIGROUP FINANCIAL  
PRODUCTS INC.

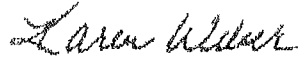
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Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized Signatory